			l				
	Fill in this information to identi	fy the case:					
	United States Bankruptcy Court						
	Distric	t of					
	Case number (If known):	Chapter					
L					Check if this is a		
O	fficial Form 205				amended filing		
	-	tition Against a N	lon-Indi	vidual	12/15		
Us a c mc	e this form to begin a bankrupt ase against an individual, use	tcy case against a non-individual you a the <i>Involuntary Petition Against an Indi</i> additional sheets to this form. On the	lege to be a deb	tor subject to an involuntary case. If yo orm 105). Be as complete and accurate	e as possible. If		
Pa	rt 1: Identify the Chapter	of the Bankruptcy Code Under W	nich Petition Is	s Filed			
1.	Chapter of the	Check one:					
	Bankruptcy Code	☐ Chapter 7					
		☐ Chapter 11					
Pa	rt 2: Identify the Debtor						
2.	Debtor's name						
3.	Other names you know the debtor has used in the last 8 years						
	Include any assumed names, trade names, or doing business as names.						
4.	Debtor's federal Employer Identification Number (EIN)	Unknown					
		EIN					
5.	Debtor's address	Principal place of business		Mailing address, if different			
		Number Street		Number Street			
				P.O. Box			
		City State	ZIP Code	City State	ZIP Code		
				Location of principal assets, if diffe principal place of business	rent from		
		County		Number Street			

City

State

ZIP Code

De	btor	Case number (if known)
	Name	
6.	Debtor's website (URL)	
	,	
7.	Type of debtor	☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
		Partnership (excluding LLP)
		Uther type of debtor. Specify:
8.	Type of debtor's	Check one:
	business	
		☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
		☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
		Railroad (as defined in 11 U.S.C. § 101(44))
		☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
		☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
		☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
		☐ None of the types of business listed.
		☐ Unknown type of business.
		a officiown type of business.
	To the best of your	D
9.	To the best of your knowledge, are any	山 No
	bankruptcy cases	Yes. Debtor Relationship
	pending by or against	District Date filed Case number, if known
	any partner or affiliate	MM / DD / YYYY
	of this debtor?	
		Debtor Relationship
		District Date filed Case number, if known MM / DD / YYYY
		WWW/DD/TTTT
D,	art 3: Report About the	2 (250
Г	it 5. Report About the	, case
10.	Venue	Check one:
		Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
		☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.
11.	Allegations	Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).
		The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).
		At least one box must be checked:
		The debtor is generally not paying its debts as they become due, unless they are the subject of a bona
		fide dispute as to liability or amount.
		☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an
		agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.
_		acotor for the purpose of emotoring a neri against such property, was appointed of took possession.
12	Has there been a	□ No
	transfer of any claim	☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy
	against the debtor by or	
	to any petitioner?	Rule 1003(a).

Debtor				Cas	e number (if known)		
	Name						
13. Each p	etitioner's claim	Name of petition	ner	Natur	e of petitioner's claim	1	Amount of the claim above the value of any lien
							\$
							\$
							\$
					Total of petitioners'	claims	\$
the top addition stateme along w	space is needed to list portion of each sheet. Following that petitioning creditor, the ent under penalty of perjuit the signature of the page 100 per period of the page 100 per period of the page 100 perio	the format of the ne petitioner's cl ry set out in Pa	is form, set out the int laim, the petitioner's r rt 4 of the form, follow	formation require epresentative, ar	ed in Parts 3 and 4 nd the petitioner's a	of the form for attorney. Inclu	each de the
	Request for Relief						
	NG Bankruptcy fraud is a 0 or imprisonment for up to					e can result in f	ines up to
petitioni	ers request that an order fo ng creditor is a corporation, representative appointed in	attach the corpo	orate ownership stateme	ent required by Ba	nkruptcy Rule 1010	(b). If any petition	
I have e	xamined the information in	this document ar	nd have a reasonable b	elief that the infor	mation is true and co	orrect.	
Petition	ers or Petitioners' Repres	sentative		Attorneys			
Name a	nd mailing address of pe	titioner					
Name				Printed name			
Number	Street			Firm name, if any	1		
City		State	ZIP Code	Number Street	:		
Name a	nd mailing address of pe	titioner's repres	entative, if any	City		State	ZIP Code
Name				Contact phone		Email	
				Bar number _			
Number	Street			State			
City		State	ZIP Code	State _			
I declare	e under penalty of perjury th	nat the foregoing	is true and correct.				
Executed	on			×			
×	, 22 ,			Signature of attor	rney		
	e of petitioner or representative	, including represer	ntative's title	Date signed	MM / DD / YYYY		

Case number (if known)_

lame			Printed name		
Number Street			Firm name, if any		
			Number Street		
City	State	ZIP Code	Trumbol Chook		
Name and mailing address	s of petitioner's rep	resentative, if any	City	State	ZIP Code
			Contact phone	Email	
Name			Bar number		
Number Street			State		
City	State	ZIP Code			
I declare under penalty of pe	erjury that the forego	ing is true and correct.			
Executed on			*		
	ĭ		Signature of attorney		
Signature of petitioner or represe	entative, including repre	esentative's title	Date signed MM / DD /	YYYY	
	s of petitioner		Printed name		
Name	s of petitioner		Printed name Firm name, if any		
Name	s of petitioner				
Name Number Street	s of petitioner	ZIP Code			
Name Number Street City	State		Firm name, if any	State	ZIP Code
Name Number Street City	State		Firm name, if any Number Street	State	ZIP Code
Name and mailing address Name Number Street City Name and mailing address Name	State		Firm name, if any Number Street City	State	
Name Number Street City Name and mailing address	State		Firm name, if any Number Street City Contact phone Bar number	State	
Name Number Street City Name and mailing address Name	State s of petitioner's rep	resentative, if any	Firm name, if any Number Street City Contact phone	State	
Name Number Street City Name and mailing address Name Number Street City	State s of petitioner's rep State	ZIP Code	Firm name, if any Number Street City Contact phone Bar number	State	
Name Number Street City Name and mailing address Name Number Street City I declare under penalty of pe	State s of petitioner's rep State	ZIP Code	Firm name, if any Number Street City Contact phone Bar number State	State	
Name Number Street City Name and mailing address Name	State s of petitioner's rep State State erjury that the forego	ZIP Code	Firm name, if any Number Street City Contact phone Bar number	State	

Debtor